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# FINAL RECOMMENDATIONS FOR THE OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA April 12, 2005

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## RECOMMENDATIONS OF THE JOINT COMMITTEE ON BOARDS, COMMISSIONS, AND CONSUMER PROTECTION AND THE DEPARTMENT OF CONSUMER AFFAIRS

**ISSUE #1:** Should the licensing and regulation of osteopathic physicians and surgeons (Doctors of Osteopathy (D.O.s)) be continued, and should the profession be regulated by an independent board rather than by a bureau under the Department?

**Recommendation #1:** *The Joint Committee recommends that the Osteopathic Medical profession should continue to be regulated and that a board structure be maintained.*

**Comments:** The Department made no recommendation regarding the continuation of the Osteopathic Medical Board and indicated instead that it is generally supportive of boards being sunsetted and their programs being incorporated into the Department, and therefore that it will not be making recommendations regarding this board and would like to further discuss this issue with the Joint Committee.

The Joint Committee is, however, recommending at this time both the continued regulation and licensing of the Osteopathic Medical profession and the continuation of the Osteopathic Medical Board. Unlike most boards within the Department, the Osteopathic Medical Board was created by initiative, not by legislation. Consequently, the Legislature, itself, could not abolish the Board entirely (unless the number of licensed D.O.s in California falls below 40, in which case the Legislature is authorized by the initiative to formally dissolve the Board). Nevertheless, the question the Committee asks of all other boards continues to be relevant – is there a continued need to regulate D.O.s? Virtually all states license physicians. In addition, twenty states license D.O.s separately from M.D.s. Like other doctors, the public relies on D.O.s for a broad range of critical services regarding their health care which require a high degree of education, training, professional judgment, and complex technical skills. Incompetence and malfeasance by D.O.s carry the greatest potential for causing patient harm, and patients generally are not sufficiently knowledgeable or sophisticated to deal with problems they may face without the help of experts who staff boards like the current one.

While patients have recourse to private civil action for negligence or fraud, exercise of these rights can be prohibitively costly or time consuming. Mandating a strong disciplinary role for the Board provides a mediating disciplinary mechanism that can resolve problems before they are severe enough to warrant a court action. However, the mandated equality of treatment, and unlimited licenses of both D.O.s and M.D.s, suggest that there may be sound public policy reasons for regulating the two categories of physicians under a single board.

